Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).					Complete if Known						
					Application Number			10/080,507			
FEE TRANSMITTAL					February 22, 2002						
For FY 2005 / 0000					med Inve		JUNG, Jae Chang				
Applicant claims small entity status. See 37 CFR 1027 1 0 20					er Name	<del></del>	J. Lee				
12				5Art Uhit			1752				
TOTAL AMOUNT OF PAYMENT (\$) 970					y Docket	No. 009	39B-0	38710US			
METHOD OF PAYMENT (check all that apply)											
Check Credit Card Money Order None Other (please identify):											
Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP											
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)											
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee											
Charge any additional fee(s) or underpayments of fee(s)											
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038											
FEE CALCULATION											
1. BASIC FILING, SEARCH, AND EXAMINATION FEES											
	FILING FEES SEA Small Entity						KAMINATION FEES Small Entity				
Application Ty	pe Fee	\$) Fee (\$)		Small E (\$) Fee			) Fee (		Fees Pa	id (\$)	
Utility	300	150	500	250	)	200	100				
Design	200	100	100	50	)	130	65				
Plant	200	100	300	) 150	)	160	80				
Reissue	300	150	500	250	)	600	300				
Provisional	200	100		) (	)	0	0				
2. EXCESS CLAIM FEES Small Entity											
Fee (\$) Fee (\$)											
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100											
Multiple depende		.,	,,					-8 F	360	180	
								ultiple Dependent Claims			
22 -20 or HP = 1 x \$50 = \$50 Fee (\$) Fee Paid  HP = highest number of total claims paid for, if greater than 20									1 (\$)		
Indep. Claims Extra Claims Fee (\$) Fee					)			-			
3 -3 or HP = 0 x \$200 = \$0  HP = highest number of independent claims paid for, if greater than 3											
3. APPLICATION SIZE FEE											
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)											
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).											
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  - 100 = / 50 = (round up to a whole number) x =											
4. OTHER FEE(S)									Fees	Paid (\$)	
RCE									79	790	
Other: Terminal Disclaimer										130	
SUBMITTED BY	,	,	-							=	
Signature	Mark	Mak	Phens	Registra (Attorney	ition No. /Agent)	26,201		Telephone	303-571	-4000	
Name (Print/Type)							Date November 10, 2005				